## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10(594896)

| 1                        |  | CLAIMS                                    | AS FILED                                 | - DADT                              | 1                |                                       |       |                     |                        |       | <del></del>         |                        |
|--------------------------|--|---|--|-------------------------------------|------------------|---------------------------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| L                        | · · ·  |   | (Colu                                    |                                     |                  | (Column 2)                            |       | SMALL EN<br>TYPE    | TITY                   | OR    |                     | R THAN<br>ENTITY       |
| U.S. NATIONAL STAGE FEES |  |   | ·  | ·                                   |                  |                                       | ]     | RATE                | FEE                    | 7     | RATE                | FEE                    |
| BASIC FEE                |  |   | SMALL EN                                 | IT. = \$ 150                        | LAR              | RGE ENT. = \$ 300                     | 1     | BASIC FEE           | 1                      | OR    | BASIC FEE           | 300                    |
| EXAMINATION FEE          |  |   | Satisfies PCT (4) = \$8                  | 50 / \$ 100                         |                  | other situations =<br>\$ 100 / \$ 200 |       | EXAM. FEE           | <u> </u>               |       | EXAM. FEE           | 240                    |
| SEARCH FEE               |  |   | U.S. Is ISA =<br>ALL other o<br>\$ 200 / | ountries = 1.                       | All c            | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          |                        |       | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS. |  |   | mi                                       | minus 100 =                         |                  | / 50 <b>=</b>                         |       | X \$ 125 =          |                        | 1     | X \$ 250 =          | 140                    |
| TO.                      | TAL CHARGEA                                    | BLE CLAIMS                                | 17 "                                     | ninus 20 =                          | *                |                                       | •     | X \$ 25 =           | <b></b>                | OR    | X \$ 50 =           | -                      |
| IND                      | EPENDENT C                                     | LAIMS                                     | 2  | minus 3 =                           | *.               |                                       |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
| MUI                      | LTIPLE DEPEN                                   | IDENT CLAIM PF                            | RESENT                                   |                                     |                  |                                       |       | + \$ 180 =          |                        | OR    | + \$ 360 =          |                        |
| * If                     | the differenc                                  | e in column 1 is                          | ro, enter "O                             | " in c                              | olumn 2          |                                       | TOTAL |                     | OR                     | TOTAL | 900                 |                        |
| ·                        | CLAIMS AS AMENDED - PART II    (Column 1)      |   |  |                                     |                  |                                       |       | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL E    |                        |
| AMENDMENT A              |  | REMAINING<br>AFTER<br>AMENDMENT           | :  | NUME<br>PREVIO<br>PAID F            | ER<br>USLY       | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total  | *   | Minus                                    | **                                  | ····             | 5                                     |       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
|                          | Independent                                    | *   | Minus                                    | ***                                 |                  | =                                     |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                     |                  |                                       |       | + \$ 18,0 =         |                        | OR    | + \$ 360 =          |                        |
| ,                        |  |   |  |                                     |                  |                                       |       | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE |                        |
|                          |  | (Column 1)                                |  | (Colum                              | n 2)             | (Column 3)                            |       |                     |                        |       |                     |                        |
| 計                        |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total  | *   | Minus                                    | **                                  |                  | =                                     |       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
|                          | Independent                                    | *   | Minus                                    | ***                                 |                  | =                                     |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                     |                  |                                       | r     | + \$ 180 =          | ·                      | OR    | + \$ 360 =          |                        |
|                          |  |   |  |                                     |                  |                                       | 1     | OTAL ADDIT.<br>FEE  |                        |       | TOTAL ADDIT.        |                        |
|                          |  |   | •  |                                     |                  |                                       |       |                     |                        |       |                     |                        |
| *                        | f the entry in colu                            | nn 1 is less than the                     | entry in column 2                        | 2, write "0" in o                   | column           | 3.                                    |       |                     |                        |       |                     | j                      |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.